

**CLAIMS ONLY**

Application Number

Filing Date

10 799403  
Applicant(s)

**Applcans(s)**

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
1						
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49						
50						
Total Indep.	4					
Total Depend.	20					
Total Claims:	24					

May be used for additional claims or amendments

	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
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Total Indep.						
Total Depend.						
Total Claims:						